

Arizona Department of Health Services
Office for Children with Special Health Care Needs

Date

(Inside Address)

Dear

The Office for Children with Special Health Care Needs (OCSHCN) has been unsuccessful in its attempts to contact you. Please call _____ at _____ as soon as possible to discuss Family Resource Coordination services for _____.

If we do not hear from you within then (10) days, we will assume that you are not interested in Family Resource Coordination services. Thank you for your prompt attention to this matter. We look forward to hearing from you shortly.

Sincerely,

(Contact Information)